



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE**

**APPLICATION FOR
FIRE AND BUILDING CODE INSPECTOR
RECERTIFICATION**

Applicant Name: _____ SS#: _____

Home Address: _____ Home Phone #: () _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: () _____ Fax #: () _____

Type of Inspector Recertification Requested: (Please Check Only One)

Fire Code Inspector: _____ Building Code Inspector: _____ Both Fire & Building: _____

Current Tennessee State Inspector Certification Number(s):

Building #: _____ Exp. Date: _____ Fire #: _____ Exp. Date: _____

**I hereby request State Fire and/or Building Inspector Recertification pursuant to Rules 0780-2-16-.06:
(Evidence of meeting recertification claimed *must* be submitted with this application unless otherwise noted.)**

Check the appropriate method(s) of recertification:

- _____ (a) proof of 36 hours of State-approved recertification training. (Inspectors that are certified as both fire and building inspector are allowed to have 18 hours of fire and 18 hours of building-related training for a total of 36 hours of approved training.)
- _____ (b) successful completion during the previous three (3) years of the next higher level of certification offered by a recognized and approved certifying organization as listed in Rule 0780-2-16-.04.

NOTE: I have enclosed \$35.00 per recertification requested, for a total of \$ _____. Please make checks payable to the Tennessee Department of Commerce and Insurance. I certify that the above statements are true to the best of my knowledge. Per Rule 0780-2-16-.06-2, applicants for recertification will have up to sixty (60) days following expiration of their certification to fulfill all requirements for recertification. However, all applications filed during this late recertification period must be accompanied by a late penalty fee of \$10.00 in addition to the \$35.00 recertification fee.

Signature

(For Official Use Only)

Date

APPROVED BY: _____ DATE: _____

NEW CERTIFICATION EXPIRATION DATE: _____

DISAPPROVED BY: _____ DATE: _____

REASON FOR DISAPPROVAL: _____

DISPOSITION: _____

IN1331(REVISED 8/01)